滙豐保險
HSBC Life

HSBCFTX

Policy Number 保單號碼

PICS 2020Jun

Change of HSBC Flexi Medical Insurance Plan Policy Benefit
更改滙健優越醫療保險計劃保單保障

Name of Policyholder in English 保單持有人英文姓名	
Name of Insured Person in English 受保人英文姓名	

NOTE 注意：

1. *Please put a '✓' in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上✓號，並用正楷填寫。*
2. *HSBC Life (International) Limited, Macau Branch is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽保險(國際)有限公司澳門分公司在此文件中稱為「本公司」或「滙豐保險」。*
3. *If the insured is under age 18 on the date this application is signed, the Policyholder must answer questions on behalf of the insured. 如受保人於簽署此申請表時未達18歲者，需由保單持有人代為作答。*
4. *Please note if the premium payments are paid in currencies other than the policy currency(ies), the premium payments would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time; likewise any payments settled in currencies other than the policy currency(ies) would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 請注意如繳付保費的貨幣不是保單貨幣，該保費可能會受本公司不時釐定的保單貨幣對繳付保費貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣支付，該款項將會受本公司不時釐定當時保單貨幣對支付貨幣的匯率而改變。匯率之波動會對款額構成影響，包括但不限於繳付保費及利益支付款項。選擇非本地貨幣結算的保單，您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值及繳交往後保費(如有)可能會比繳交首次保費金額為高。*

To: HSBC Life (International) Limited, Macau Branch
致：滙豐人壽保險（國際）有限公司澳門分公司

Part I 第一部分	
☐ Change policy benefit level 更改保單保障級別	Please choose Plan Level and Deductible Amount below 請於下列選擇計劃級別及自付費 Plan Level: ☐ Bronze 銅級 ☐ Silver 銀級 計劃級別： ☐ Gold 金級 ☐ Diamond 鑽級 Deductible Amount: ☐ MOP0 ☐ MOP16,000 ☐ MOP50,000 ☐ MOP100,000 自付費： ☐ USD0 ☐ USD2,000 ☐ USD6,250 ☐ USD12,500

Part II 第二部分 Family Discount 家庭折扣

Policyholder is entitled to a 10% premium discount if policyholder have any "Family Member(s)" currently insured under HSBC Flexi Medical Insurance Plan; or policyholder and policyholder's Family Member(s) successfully apply for HSBC Flexi Medical Insurance Plan at the same time. 如保單持有人的「家庭成員」現已受保於「滙健優越醫療保險計劃」；或保單持有人與保單持有人的「家庭成員」同時成功投保「滙健優越醫療保險計劃」，均可獲享10%保費折扣。

Do you have any Family Member who is currently applying to be insured or already insured under HSBC Flexi Medical Insurance Plan? 您是否有任何家庭成員現正投保或現已受保於滙健優越醫療保險計劃？

☐ Yes 是
☐ No 不是

Note: To enjoy the Family Discount, policyholder are required to provide details of your "Family Member(s)" for verification purposes. Please refer to the "Family Discount Endorsement" of the Terms and Benefits of HSBC Flexi Medical Insurance Plan for detailed terms and conditions.
註：如欲享有家庭折扣，保單持有人須提供家庭成員的資料以作核實。詳情請參閱滙健優越醫療保險計劃的條款及保障中的「家庭折扣批註」。

Name of Family Member (in English) 家庭成員英文姓名	ID type and No. 身份證明文件類別及號碼	Insured family member's relationship to policyholder （受保家庭成員與保單持有人之關係）
	☐ ID Card No./Birth Cert No. 身份證／出生證明書號碼 _____ ☐ Passport No./Others 護照號碼／其他 _____	☐ Self 自己 ☐ Parent 父母 ☐ Sibling 兄弟姊妹 ☐ Parent in-law 岳父母 ☐ Spouse 配偶 ☐ Child 子女 ☐ Siblings of spouse 配偶之兄弟姊妹 ☐ Partner 伴侶 ☐ Grandparent（外）祖父母 ☐ Grandparent in-law（外）祖岳父母

Part III 第三部分 Health Details of Insured 受保人健康資料

Important Note: If you are uncertain as to whether or not particular information is material, these facts should be disclosed. Non-disclosure of health information of the insured may result in your policy being void, terminated and/or your claims being disqualified for reimbursement. **重要事項：若您未能肯定某些資料是否重要，亦應披露。任何未經披露之受保人健康狀況均有可能導致您的保單無效，被解除及／或索償不獲賠償。**	Insured Person 受保人 Yes 是	 No 否
1. Have you (the insured) had a history of Diabetes, Hepatitis B, hyperlipidaemia, hypertension, cancer, heart condition, stroke, or joint replacement; or any medical devices (eg pacemaker, shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in the body? 您(受保人)是否有糖尿病、乙型肝炎、高脂血症、高血壓、癌症、心臟病、中風或關節置換的病史，或現在體內有任何醫療儀器(如起搏器、導引腦積水的分流器，及固定骨折的骨釘和骨板等)?	☐	☐
2. In the last 6 months, have you (the insured) had any undiagnosed symptoms, or been taking medical investigations or awaiting results for the said symptoms? 在過去六個月內，您(受保人)是否曾有任何未被診斷的症狀，或現正就有關症狀進行醫療檢查或等待結果？	☐	☐
3. In the last 4 years, have you (the insured) had: 在過去四年內，您(受保人)是否曾：	☐	☐
(a) consultation/medical investigations (eg scans or blood tests) for any medical conditions/symptoms that have either continued for at least 14 days or occurred more than once; 因任何持續14天或以上及／或出現多於一次的病症或症狀就診或接受醫療檢查(如掃描或血液檢驗)；	☐	☐
(b) consultation or medical investigations as a result of abnormal findings from medical investigations; 因醫療檢查結果異常而就診或接受醫療檢查；	☐	☐
(c) consultation by a specialist (eg physiotherapist, otorhinolaryngologist, ophthalmologist) at least twice for the same medical conditions? 因同一病症接受兩次或以上的專科醫生(如物理治療師、耳鼻喉專科醫生、眼科醫生)診治？	☐	☐
(d) ever taken or been advised to take any prescribed medication regularly for a continuous period of at least 1 month? 曾定期服用，或曾被建議定期服用，為期最少一個月的醫生處方藥物？	☐	☐
(e) admitted to a healthcare facility for an operation or a procedure? 曾住院、接受手術或治療程序？	☐	☐
(f) Applicable to insured aged 25 months to 18 years only: 此問題只適用於年齡介乎25個月至18歲的受保人： Has the insured had consultation or medical investigations as a result of developmental disorders such as abnormal weight or height? 受保人是否曾因生長發育異常問題(如身高異常或體重異常等)就診或接受醫療檢查？	☐	☐
(g) Applicable to insured aged 15 days to 24 months only: 此問題只適用於年齡介乎15日至24個月的受保人： Was the insured born before 37 weeks or after 42 weeks of pregnancy? 受保人是否於懷孕37週前或42週後出生？	☐	☐

Notes 註：
1. Please complete this section only if any of your answer is "Yes" to questions above (1 – 3). 若問題1 至3 答案為「是」，請填寫下列有關資料。
2. In case the space provided is insufficient, please indicate the section and question number, and provide details as a separate supplement to application form. 如所提供之空位不敷應用，請提供有關資料於補充表格上，並列明題號及詳情。
3. Important Note: Non-disclosure of health information of the insured may result in your policy void, terminated and/or your claims being disqualified for the reimbursement. 重要事項：任何未經披露之保人健康狀況均有可能導致閣下保單無效，被解除及／或索償不獲賠償。

Medical Conditions **傷病**	
4. Please specify the medical condition. Where applicable, please specify the part of the body affected (eg right knee, left eye). 請註明患上何種傷病。如適用，請說明受影響的身體部位(例如右膝、左眼)。	
5. When did the symptoms start? 何時開始出現症狀？	
6. What investigations did you have? Please specify the dates, investigations (eg MRI, blood test) and the results. 您曾接受何種檢查？請註明日期、檢查種類(如磁力共振、驗血)及其結果。	
7. What treatment did you have? Please specify treatment, treatment period, and the details (eg medication and dosage, procedure, or surgery). 您曾接受何種治療？請註明接受治療種類、治療時期及其詳情(如藥物名稱及劑量、治療程序及手術名稱)。	
8. When was the treatment completed? 何時完成治療？	
9. What was the outcome of the treatment (eg ongoing, or complete recovery, or in remission, or likely to relapse)? 治療結果如何(如病況持續、完全康復、處於緩解期或可能復發)？	
10. If you have any medical reports or test reports, please attach the report(s) and answer "Yes" in the box. 如您有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格中回答「是」。	With Attachment 附件 ☐ Yes 是 ☐ No 否

Part IV 第四部分 Declaration and Authorisation 聲明及授權書

I understand that I am advised to 本人明白貴行的建議：

I understand and agree that the request for Change or Addition which requires evidence of insurability shall consist of Parts I, II, III (where applicable) and shall not take effect unless all of the following conditions are met: (1) any required payment in respect of the application is paid in full; (2) the application is approved by HSBC Life (International) Limited, Macau Branch in its absolute discretion during the lifetime and continued insurability of the Insured Person; (3) in respect of increase in insurance which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" and "Suicide" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such increase; (4) acceptance of the request for change shall be confirmed by the company in writing or endorsement on the photo copy of this change request. 本人明白及同意需提交可保健康證明之更改或增加保障申請，需要填寫第一、二、三部分(如適用)，並必須符合下列條款，否則該申請不能生效：(1)申請之應繳費用必須收妥。(2)申請必須在受保人在生及健康時核準。(3)此增加保障之申請經公司核準後，保單內「不得異議」及「自殺」條款的保單發出日及保單生效日將以此申請書批準日起計算。(4)公司將以書面或批單形式通知此申請被接納。

I hereby declare that all answers to the questions are, to be best of my knowledge and belief, complete and true, whether written by own hand or not, and I agree that they are, with the following agreements, to be considered as the basis of the proposed Change or Addition, and such Change or Addition shall not take effect until this application has been duly approved by the Company during the lifetime and continued insurability of the person insured by the said policy, and any required premium has been paid. 本人聲明，以上提供之資料(不論是否親筆填寫)皆完全屬實及真確無訛，並清楚明白這些答案將成為此申請更改／增加保障之依據。此更改／增加保障之申請必須經公司核準及在受保人在生及健康時收妥所需保費始能生效。

I/We shall disclose to the Company any change in health or insurability of the Insured between signing the "Change of HSBC Flexi Medical Insurance Plan Policy Benefit" form and my/our receipt of endorsement on the acceptance of the request for change." 在本人(等)簽署本「更改優越醫療保險計劃保單保障」表格直至本人收到保單批單形式通知此申請被接納前，本人(等)必須向貴公司透露有關受保人的健康狀況或可保權益之任何改變。

I further authorise any physician, hospital, clinic, insurance company or other organisation or person that has any records or knowledge of me or my health to disclose to HSBC Life (International) Limited, Macau Branch or its representative. A photo copy of this authorisation shall be as valid as the original. 本人授權任何知道本人健康情況及據所知任何紀錄之醫生、醫院、診所、保險公司或其他機構或人士向滙豐人壽保險(國際)有限公司澳門分公司或其代表提供本人之有關資料。本授權書的影印本與正本具有同等效力。

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use, store, disclose and transfer any personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement which can either be found inserted on my/our policy, by visiting www.hsbc.com.mo (Insurance > Important Information) or by requesting a copy at my local branch. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be transferred to place outside Macau. 本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用、儲存、披露及轉移滙豐現時或其後持有本人(等)的全部個人資料(包括敏感資料)，《個人資料收集聲明》以於本人(等)保單內列載、並瀏覽www.hsbc.com.mo(保險 > 重要資訊)或可前往各滙豐分行索取副本為準。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能被轉移到澳門以外的地區。

Signature of Insured Person 受保人簽署	Signature of Policyholder (if other than Insured) 保單持有人簽署(若非受保人)
Name 姓名：	Name 姓名：
Date 日期：	Date 日期：

Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用)	
Name 姓名：	Date 日期：

Important Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited, Macau Branch of 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. Please note that we will only process your request* upon actual receipt of this "original form".
重要事項：請填妥及簽署此申請表(表格)「正本」後寄回滙豐人壽保險(國際)有限公司澳門分公司，地址：澳門南灣大馬路619號時代商業中心1字樓，當收到此申請表(表格)「正本」後，我們方會辦理閣下之申請*。

For Bank Use

☐ Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
☐ Client's original ID sighted	Contact No.:	Servicing Staff RI No.	
☐ Other discount			

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